



**DIRECT DEPOSIT ENROLLMENT
AND AUTHORIZATION**
ND DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT
SFN 161 (12-2002)

DIRECT DEPOSIT UNIT
PO BOX 7310
BISMARCK ND 58507-7310

701-328-5440 or 1-800-231-4255

I want the Direct Deposit Unit to deposit my child, spousal, and/or medical support payments directly into my personal account in the financial institution listed below.

PERSONAL INFORMATION (Please Print)

Name: (Last, First, Middle)		
Address: (Street)		Apartment Number:
City:	State:	Zip Code:
Daytime Telephone: ()	Social Security Number:	

Disclosure of the social security number is requested for the purpose of ensuring correct identification of individuals in the state case registry. Social security numbers are required to be included in the state case registry pursuant to 42 USC 654a(e)(3) and (e)(4)(D). Failure to disclose this information will affect enrollment in the Direct Deposit option.

FINANCIAL INSTITUTION INFORMATION (Please Print)

Financial Institution Name:		
Address: (Street)		
City:	State:	Zip Code:
Financial Institution Routing Number:	Personal Account Number:	

ACCOUNT TYPE (Check One)

<input type="checkbox"/> Checking:	Attach a voided, blank check from the checking account to which the direct deposit will be made. Your name must appear on the account.
<input type="checkbox"/> Savings:	Attach a deposit slip or a letter from your financial institution with your name, address, the financial institution's routing number, and your personal account number. The letter must be on financial institution letterhead, or a preprinted form, and signed by a financial institution representative.

AUTHORIZATION

I authorize the Direct Deposit Unit to credit my support payments to the above account and, if necessary, reverse any incorrect payments made in error. I acknowledge that a new enrollment form must be completed if I choose to change financial institutions or account numbers. I further acknowledge that I must notify the Direct Deposit Unit immediately if my account is closed.

Signature:	Date:
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